

CRAFT CONTRACTORS COMPANY'S APPLICATION

____New ____Renewal Craft License #_____
Type of License: ____Electrical ____HVAC ____Wrecking

Legal Status of Business: ____Corporation ____LLC ____Sole Proprietor ____Partnership

EXACT LEGAL NAME OF CORPORATION, LLC, PARTNERSHIP or SOLE PROPRIETOR'S BUSINESS NAME (DBA)

NAME OF SOLE PROPRIETOR, PARTNER, LICENSE HOLDER OR OFFICER OF CORPORATION/LLC

1. _____
MAILING ADDRESS

2. _____
PHYSICAL ADDRESS (if mailing address is a PO Box)

1. _____
CITY/STATE/ZIP CODE

2. _____
CITY/STATE/ZIP CODE

BUSINESS NUMBER

FAX NUMBER

HOME NUMBER

INTERNET ADDRESS

List all Officers if Corporation, LLC or Partnership:

List all employees, partners, and/or officers who will be authorized to secure permits. Remember to include agents/applicants who are authorized to submit permits over the internet, if contractor subscribes to CivicNET.

1. _____
SIGNATURE

PRINT NAME

2. _____
SIGNATURE

PRINT NAME

3. _____
SIGNATURE

PRINT NAME

4. _____
SIGNATURE

PRINT NAME

5. _____
SIGNATURE

PRINT NAME

FOR SOLE PROPRIETORS OR PARTNERSHIPS WITH NO EMPLOYEES, PLEASE READ AND SIGN BELOW:

Please be advised that _____ has/have no employees at this time.
If in the future employees are hired, a certificate of insurance reflecting a policy of workman's compensation will be provided.

Signature _____ Date _____

This application must be signed and dated. Signature indicates the information is complete and accurate. Contractors are responsible for maintaining current license information, in addition to submitting proof of current general liability coverage, workman's compensation coverage if applicable, and surety bond coverage before performing any work in the Consolidated City of Indianapolis.

SIGNATURE OF OFFICER, PARTNER, SOLE PROPRIETOR

DATE

FOR OFFICE USE ONLY

LICENSE #

DATE

PROCESSED BY

DIVISION OF COMPLIANCE
1200 MADISON AVE
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INDIANAPOLIS, INDIANA 46225
PHONE (317) 327-1291
www.indygov.org/dmd